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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
*none MM 2-13-06*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*none MM 2-13-06*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 03/23/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____	STATE OR COUNTRY WI	<i>MM 2-13-06</i> SHEETS 12	<i>MM 2-13-06</i> TOTAL 25	<i>MM 2-13-06</i> INDEPENDENT CLAIMS 1
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ADDRESS  
 000321  
 SENNIGER POWERS  
 ONE METROPOLITAN SQUARE  
 16TH FLOOR  
 ST LOUIS , MO  
 63102

TITLE  
 Absorbent garment

<input type="checkbox"/> All Fees
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